MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02207 - Dist No. 350

8. (b) Name of husband or wife. 19. At S. M. (c) It alive, give age 3.5 years decaated (mo., day, 77.) November 2.5 190.5 8. AGE: Years Months Days If less than one day 1.8 Birthplace. 10. Be used occupellon. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 15. Birthplace 15. Birthplace 15. Birthplace 15. Birthplace 16. County and state) 17. Birthplace 18. Informant. 19. At S. M. M. (Include pregnancy within 3 months of death) 19. Major findings of operations. 20. VIOLENCE: If death was due to existend causes, fill in the following: Accident, suicide, op bemicide. 20. VIOLENCE: If death was due to existend causes, fill in the following: Accident, suicide, op bemicide. 19. Major findings of operations. 19. Major findings of operations. 10. City or town) 10. County (City or town) 10. Major findings of operations. 10. City or town) 10. County (City or town) 10. Major findings of operations. 10. City or town) 11. Industry or within 3 months of death) 12. VIOLENCE: If death was due to existed death death decases of the cause to which death should be charged findings of operations. 19. City or town) 10. City or town) 10. City or town) 10. City or town) 10. City or town. 10. City or town) 11. Industry or business 12. VIOLE		CERTIFICATION OF THE PROPERTY						
City or form. (If outside city or cown limits, write BULAL and give nearest town) Row long in above place of seath? 1.8 whose the hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) If vetras, name war. 3. (d) FULL NAME 3. (e) Social Security Number 2. (a) If vetras, name war. 3. (b) Social Security Number 2. (a) If vetras, name war. 3. (b) Social Security Number 2. (c) If vetras, name war. 3. (d) FULL NAME 3. (e) Social Security Number 2. (e) If vetras, name war. 3. (ii) Social Security Number 2. (iii) If vetras, name war. 3. (iii) Social Security Number 2. (iii) If vetras, name war. 3. (iii) Social Security Number 2. (iii) If vetras, name war. 3. (iii) Social Security Number 2. (iii) If vetras, name war. 3. (iii) Social Security Number 2. (iii) If vetras, name war. 3. (iii) Social Security Number 2. (iii) If vetras, name war. 3. (iii) Social Security Number 2. (iii) If vetras, name war. 3. (iii) FULL NAME 3. (iv) Social Security Number 2. (iv) If vetras, name war. 4. (iii) If v		7. 7. 4. 5. 4. 4. 4. 4.	(For newborn infants give residence of mother)					
New long in absorption or interest address where delth occurred: Street No. (IF rural, give LOCATION)		City or town	(Promine)					
800 long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) Social Security Number 3. (d) Social Security Number 3. (e) Social Security Number 3. (f) Social Security Number 4. (f)		How long in above place of death?	Street No.					
3. (a) FULL NAME 3. (b) Social Security Number 3. (c) FULL NAME 4. Sex 4. Sex 5. Color or race 6. (c) Single, married, widowed, or diverced MEDICAL CERTIFICATION 20. DATE OF DEATH 12. SEPERATION 13. Birth date of deceased (me, day, yr.) North 25. 1905 8. AGE: Years 19. Months 19. DURATION 19. DURATION 10. Usual occupation. 10. Usual occupation. 11. Indivity or business 12. Name. 13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace 16. Control 17. Birthplace 17. Birthplace 18. Address 19. Due to 19. Due to 19. Due to 19. Due to 10. Usual occupation. 11. Indivity or business 12. Name. 13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace 16. Control 17. Birthplace 17. Birthplace 18. Autopay results and the day of a months of death) 19. Major findings of operations. 19. Due to 19. Due to 10. Usual occupation. 10. Usual occupation. 11. Indivity or business 12. Name. 13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace 16. Control 16. Control 17. Birthplace 18. Actions, south, and states 19. Due to 10. Usual occupations. 11. Indivity or business 12. Violence: If death was due to externed cause, by hich death head be charged failutically. 19. PHYSICIAN: Place underline the cause to which death head be charged failutically. 20. DATE OF DEATH 19. Due to 19. Due to 19. Due to 10. Usual occupations. 10. Usual occupations. 11. Indivity or business 12. Violence: If death was due to externed cause, by hin the following: 10. Due to 11. Indivity or business 12. Violence: If death was due to externed cause, by lin the following: 10. Due to 11. Indivity or business 12. Violence: If death was due to externed cause, by lin the following: 18. Fueral director. 19. Due to 19		Now long in hospital or institution?						
Sordow Storage Sorres 1. Sex Space Scolor or race			3. (b) Social Security Number					
8. (6) Name of husband or wife		Gardon George Barnes						
8. (b) Name of husband or wife. 1. Birth date of deceased (mo., day, 77.) 8. AGE: Years Months Days If less than one day 10. Man. B. Birthplace. 11. Industry or business 12. Name. 13. Birthplace. 14. Maiden name. 15. Birthplace 16. (include pregnancy within 3 months of death) 17. Birthplace 18. Informant. 19. Major findings of operations. 20. Major findings of operations. 21. Complete on thick death was due to external causes, jill in the following: month) (day) (year) 19. Complete on thick, or penicide. 19. Major findings of operations. 21. Complete on the Gate above stated. 22. KEERST Into taggit Accepted on the Gate above stated. 18. Interpolate on the Gate above stated. 19. Major in date of death. 19. Major findings of operations. 19. Major findings of operations. 19. Major findings of operations. 22. VIOLENCE: If death was due to external causes, jill in the following: month) (day) (year) 19. Major findings of operations. 23. Major findings of operations. 24. Condens, or penicide. 25. (Journal) County (Guarty) (Guarty) 19. Major findings of operations. 26. Major findings of operations. 27. VIOLENCE: If death was due to external causes, jill in the following: month) (day) (year) 19. Major findings of operations. 26. Major findings of operations. 27. VIOLENCE: If death was due to external causes, jill in the following: month) (day) (year) 19. Major findings of operations. 28. Major findings of operations. 29. Major findings of operations. 20. Major findings of operations. 20. Major findings of operations. 20. Major findings of operations. 21. Major findings of operations. 22. VIOLENCE: If death was due to external causes, jill in the following: month of the cause of the cause to which death was due to external causes, jill in the following: month of the cause of the cause to which death was due to external causes, jill in the fol		4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	2.1 (th) 45. 6P.					
1. Birth date of deceased (mo., day, yr.) North 25, 1905 8. AGE: Years Months Days If less than one day Town, country, and state) 10. Usual occupation 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 15. Birthplace 16. Country 16. Country 17. Name. 18. Determinent 19. Major findings of operations. 19. Major findings of operations. 11. Major findings of operations. 11. Major findings of operations. 12. Vollence: If death wade is extracal causes, jill in the following: Country 17. Cemetary or crematory. 18. Funeral director Magaratta N. Water Major findings, petity place (where?) (Country) 18. Funeral director Magaratta N. Water M. Samuella, and the samuella, place (where?) (Country) 18. Funeral director Magaratta N. Water M. Samuella, and the samuella, place (where?) (Country) 18. Funeral director Magaratta N. Water M. Samuella, and the samuella, place (where?) (Country) 19. Injured at bosts dam, industry, petity place (where?) (country) 19. Injured at bosts dam, industry, petity place (where?) (country) 19. Injured at bosts dam, industry, petity place (where?) (country) 19. Injured at bosts dam, industry, petity place (where?) (country) 19. Injured at bosts dam, industry, petity place (where?) (country) 19. Injured at bosts dam, industry, petity place (where?) (country) 19. Injured at bosts dam, industry, petity place (where?) (country) 19. Injured at bosts dam, industry, petity place (where?)		8.(6) Name of husband or wife mary m. Barned	21. CEPUFY that death coursed on the date above stated: that I attended deceased from					
Burth place Samuel Samue		S.(c) If allve, give age 33 years						
8. AGE: Years Months Days If less than one day 39 2 10 hrs. min. B. Birthplace. Coleran (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. S. B. Barnes 13. Birthplace 14. Maiden name. Luca & days and state) 15. Birthplace 16. Informant Mas. Major findings of operations. 16. Informant Mas. Major findings of operations. 17. Burnel Burnel Company Widelin Smonths of death) 18. Informant Mas. Major findings of operations. 19. Informant Mas. Major findings of operations. 19. Informant Mas. Major findings of operations. 20. Violence: If death was due to extend death should be charged flatistically. 21. Cemetery or crematory, Major findings of operations. 22. Violence: If death was due to extend death should be charged flatistically. 23. Where did injury occur? City or town) County Injured at work Yang Means of figured at pame farm, Industry, peffip place (where?) Means of figured at work Yang Means of figured at wo			DUDATEDM					
B. Birthplace. Crown, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. S. G. Garris. 13. Birthplace 14. Maiden name. Luca Educada 15. Birthplace 16. Informant. M. G.		8. AGE:	Locustons & Tran Minute					
10. Usual occupation. 11. Industry or business 12. Name		Coleran n.C.	Due to Jean Shat wounds					
Diher conditions 13. Birthplace 14. Malden name 15. Birthplace 16. Informant 17. May a compared the conditions 18. Informant 19. Delet thereof 19. Cemetery or crematory 19. Location 19. Funeral director. 10. Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations Autopsy results Autopsy results 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or bomicida Where did injury occur? (City or town) (County) (State) Injured at bome farm, industry, petitor place (where?) Injured at work? Injured at work? Injured at work?		10. Usual occupation Game Worden						
14. Maiden name			Other conditions					
18. Informant		# Lug Edwards						
18. Informant Mrs. May Autopsy results May PHYSICIAN: Please underline the cause to which dearn should be charged finitistically. Autopsy results May PHYSICIAN: Please underline the cause to which dearn should be charged finitistically. 22. VIOLENCE: If death was due to external causes, illi in the following; Accident, suicide, or homicide. Date of Means of Injury occur? Injured at home farm, industry, public place (where?) Injured at home farm, industry, public place (where?) Injured at work? Means of Injury Means of	4	14. Malden name	Date of an					
Address Cocuckes City, Ma. 17. Burial. Cremation, or removal. Which? Cemetery or crematory. A all the City of County (State) Location. Cocoucker City 18. Funeral director. Margarette X. Watson 19. Where did injury occur? City or town) County (State) Injured at home farm, industry, public place (where?) Injured at work? Yes June 2. Means of Injury Mea	2	man mary M. Barnes	to small shot handrat commen					
17 Determination, or removal. Which? Cemetery or crematory County Location County 18. Funeral director Margarette Value 19. Funeral director Margarette Value Value 19. Funeral director Margarette Value Value Value Value 19. Funeral director Value	COTO	P. b. f. t. mid.						
Location Co-courable city injured at bome farm, industry, public place (where?) I to the state of injured at work?	400	17 Bete thereof (month) (day) (year)	Accident, suicide, or bomicide					
18. Funeral director. Margarette N. wateou Means of Injury 4 1977 Injured at work?	4	Cemetery or crematory	thursed at home darm, industry, profile place (where?)					
		managette N. wateow	Means of murt by hat que injured at work? Yes Guman					
		B. Charlette Toude	autorus mo					
19. Feb. 18.45 And En State Registrar Address Address Address Cate of Sate Signed Registrar Address Address Address Cate of Sate Signed Registrar		7 t. 9 1045 Anne En Dohite	Charles and the strength of 7/4000					

MAR 6 1945 IUREAU V S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (830)

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County Workston	
(For many least Cate	State County County
(II Ontaide city of town intities, write resemble and are	City or town Garanake City
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Laurel
	(If rura), give LOCATION)
	2.(a) If veteran, name war.
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
John William Beraus fr	· CERTIFICATION
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widowed	20. DATE OF DEATH. 7-6. 25 19 45 et 10 P M
2 · Q)	21. I CERTIEN that death occurred on the date above stated; that Lattended deceased from
6.(b) Name of husband or wife.	
n (a) the allow arise area	19.7
7. Birth date of 187 (187 (and that I last saw helive on
deceased (mo., day, yr.) March 15, 1875	Immediate cause of death
8. AGE: Years Months Bays If less than one day	Buden Energy /sla
o. Aut.	
69 11 10hrsmlr	1-
Withams accourace, Va	Due to.
B. Birthplace	
1	
1D. Usual occupation	Due to
11, Industry or business	
MI Of 171). Bearing day.	Other conditions
12. Name	
≤ 13. Birthplace Virginia	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations
E 15. Birthplace	Date of op.
andia Beronal	A
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Pocomoke City, md.	
1	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory. Malls Nell Daplies Cem	(City of town)
Con do cit mid.	Injured at home, tarm, industry, public place (whers?)
Location Courses	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Margarette (N. Watson	Means of Injury Injured at work?
18. Funeral director.	Am o
Address Pocomothe City, ma	23. SIGNATURE.
1- 10 3 NU+	23. SIGNATURE M. D. Oxothor
19 Jet 21 1945 Chone Co-Shile	Address Vacante lety Date signed 2/36.48
(Date rec'd by registrar)	ar Address



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3/-2)

CERTIFICATE OF DEATH

()22()()
Reg. Dist. No. 355

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County Clty or town (If outside city or town limits, write RURAL and give nearest town) Sirect No.
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
Cyrus W. Davis.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Single Si	MEDICAL CERTIFICATION 20. DATE OF DEATH. J. Drugy 5 19 45 81 M
8.(6) Name of husband or wife Chestlette Due Dave 8.(c) If allve, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19 45 and that I last saw & Lower allive on 19 45
8. AGE: Years Months Days If less than one day	Immediate cause el death DURATION
93 2 26 hrs. min. 8. Birthplace. Gerslin, Wor. Co. Marsland. (Town, county, and state)	Due to By partinosa
10. Usual occupation	Due to Chronia Ont
12. Name. Flooring C David 13. Birthplace Bellin maryland	Other conditions (Include pregnancy within 8 months of death)
14. Maiden name. O. M. a. t. l. a. a. d. a	Major findings of operations. Date of op.
18. Informant Mrs. Qua Chipps. Address Berlin, Md.	Autopsy results
17 Burlal, cremation, or removal. Which?) Date thereof. 2/7/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory. Color of the Location Bellings and Services.	Where did injury occur?
18. Funeral director Franklin 3) Liel. Address Salis Januar mod	Means of injury injured at work?
19. 2-7 (Date ree'd by registrar) 1945 Relan A. Hayeval	B. SIGNATURE M. D. or other. Address Selen W. Rate stoned.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore 9110

CERTIFICATE OF DEATH

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	Reg. Dist. No.
1. PLACE OF DEATH: Workenstern	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
COUNTY	State Maryland County Worcealed
City or town	
How loog in above place of death? 400 Mg	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	10 T.N
	Street No
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Maria C. a	Consway -
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Femoles Whele Wadan	7/-12-4/
1 the state of the	20. DATE OF DEATH 19 19 N
8.(b) Name of husband or wife Ohn T Conocoo	21. I CERTIFY that death occurred on the dale above slated; that I attended deceased from
	7 1-1-45 19 10 272-45 19
7. Birth date of	and that I last saw held alive on 27/2-4
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Oars If less than one day	Corrang reclusion 6 hours
80 da la la min	
9. Birthplace It haleypulle and.	
9. Birthplace	
10. Usual occupation Aausinis	
11. Industry or bosiness / Vaugeense.	Due to
MI PLIN CITA	
12. Name (2)	Diher conditions
13. Birthplace	(Incinde pregnancy within 3 months of death)
14. Maiden name Mary Elyabeth famille 15. Birthplace	weethour
S 15 Birthsless	Major findings af operations.
min 19 1 A	- Qala of op
18. Informant Management Management	Autopsy results.
Address Berlin md. R. F.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
19 4 - cal F. 1. 14 100	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?) (month) (day) (year)	Accident, sutcide, or homicide
Cemelery or crematory Controlled	Where did injury occur?
45 1 1 ml	
Localion Localion	Injured at home, farm, Industry, public place (where?)
18. Funeral director Marka Walson	Means of Injury Injored at work?
Address stellassille. Del	1 684 4
	33. SIGNATURE M. D. or other
19. 2. 14 1945 Welou 3. Nayura	100 /2-1/2. La God 11/3-4/
(Date rec'd by registrar) Registra	Address Date signed Date signed



MAR 5 1945

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M	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
No self	of i	pli	CC	
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	ver	AN	men	
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	PL.	ould	F I	TOWN.
	LE	ı sh	EC	200
,	R	ioi	00	7

1. PLACE OF DEAT	TH-	- 7		77-0	W
County	9-7-	- Colon		Registration Dist. No. 33	7
Village or City	2lee	6	- Steel (If	No. St., death occurred in a horpital or institution, give its NAME instead of street and a	Ward
Length of residence in cit	ty or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmo)sds
2. FULL NAME	Lette	0	Leck	E	
(a) Residence: No.				St., Ward.	
``		(Usual place		If nonresident give city or town and	State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLO	R OR RACE		RIED, WIDOWED, D (muite the word)	21. DATE OF DEATH	10/17
m C		100	lèce	(Month) (Day)	(Yaar)
 If merried, widowed, or divo HUSBAND of 	rced			22. HEREBY CERTIFY, That I attended	deceased from
(or) WIFE of				Feb 11 1940, 10 Feb 13	1941
6. DATE OF BIRTH (month, day	, and year)	2/8	84	I last saw h alive on , 19 3	, death is said
7. AGE Yaars	Months	Days	If LESS than	to have occurred on the date stated above, atm.	
60			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as fellows:	15
8. Trade, profession, or pa	rticular	11/2/-		Get blecholin	Date of onset
kind of work done, SAWYER, BDDKKEE		eres	2		
kind of work done, SAWYER, BDDKKEE 9. Industry or business in work wes done, as SAW MILL, BANK, et al. 10. Oate deceased last work this operuration (mounts)	which			(
SAW MILL, BANK, e		11. Total t	ime (years)		
- I III a occupation (moi	this occupation (month and spent in this year) occupation				-
	, ,			Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town). (State or country)	Hear	<i></i>			
13. NAME		-66			
13. NAME 14. BIRTHPLACE (city or to	- /-	. / 3		Name of operationOate of	
(State or country)	The state of the s			What test confirmed diagnosis? Was there an a	ulopsy?
15. MAIDEN NAME	3220	K RO	ecoley,	23. If deeth was due to external causes (VIDL ENCE) fill In also tha following	
15. MAIDEN NAME 16. BIRTHPLACE (city or to	wn) /		///	Accident, suicide, or homicide? Date of injury	
(State or country)	Wi	6	16	Where did injury occur?	
17. INFORMANT	a -	0=054	4	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
(Address)	ese.	e - and	tell		
18. BURIAL, CREMATION, OR R	EMOVAL /	renty 1	6	Menner of Injury	
Place Amu 1	megen	Oatt -	19.45	Neture of injury	
19. UNDERTAKER Service	no de	game?	79-	24. Was disease or injury in any way related to occupation of deceased?	
(Address)				If so, specify	
20. FILED 2114/41	19	mum V	1. Tank	(Signad)	М. С
20.1122-3-4-4-4-4-4-1		4	Registrar.	(Address)	

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance name other important diseases or injuries. Examples:

Example I	1.5	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 MAR 5 19	4 8.1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (196-a)

MENT OF HEALTH (12213

CERTIFICATE OF DEATH

No. 350

1. PLACE OF DE		rceste	2.29	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County					state Maryland county Torgester		
City or town	Districte eity or town	comoke	URAL and give nearest town)				
New long to show slope	at death? If	vrs.	and give nearest town)	City or town POCOMOKE	C1ty ts, write RURAL and give nearest town)		
Hospital, Institution, or							
				Street No. Cedar Str	e LOCATION)		
How tong in hospital o	r Incittulion?			2.(a) It veteran, name war.			
3. (a) FULL NAM			****	2.(4) It veteran, name war			
3. (a) FULL NAM					3. (b) Social Security Number		
	No.		Lambertson		None		
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
Female	White		Married	20. DATE OF DEATH. 2 - 55	1- 1945 at /2. an		
R (b) Name of husband	or wife Val	ton La	amberston	21. I CERTIFY that death occurred on the date at			
			e) If alive, give age55year	19	_/19		
7. Birth date of				and that I last saw he alive on	2.1.		
deceased (mo., day,		ary 1	0, 1896	Immediata cause of death	DURATION		
8. AGE: Years	Months	Days	If less than one day		moshe		
49	1	12	hrsmin		1/4		
Cl	magaton	Count	w Wincinia	Brus Land			
9. Birthplace	(Town	connty, and a	v Virginia	Due to.	•		
10. Usoal occupation	TT on Co T				X		
72, 0002, 0002,			•••••••••••	Due to fully to			
11. Industry or busines		D D.					
본 12. Name	William			Other conditions			
₹ 13. Birthplace	Glouster	: Coun	ty, Virginia	(Include pregnancy within 3			
14. Malden name.	Lary Al	ice Wi	llett				
E			unty. Virginia	Major findings of operations			
≥ 15. Birthplace					Date of op		
16. Informant	Jalton I	amber	tson	Autopsy results.	8		
Address	Cedar Si	200	omoke City, Ma	PHYSICIAN: Please underline the cause to w			
				T 49 WIOLENCE, If death was due to automal as			
17(Buriai, cremation	or removal. Which?	Date there	reb. 26 1945 (month) (day) (year)	Accident, suicide, or homicide	, pate of 7/2/16		
Compton or exemple	Baptist	Cemet	ery	Where did injury occur? (City or town) (County) (State)			
	Pagamaka		. Maryland				
Location				Means of injury held was a	tnjured at work? Yes		
1B. Funeral director	-			means of milats	Cilatea at work!		
Address	Pocomoke	City	, Maryland,	- Mar & Van	lover mos.		
7.1	7/ 15	- //	E MIT	23. SIGNATURE	M. D.or other		
19. (Date rec'd by re	26, 1945		Registral	Address Josephoke	eles 10 mile aloned 725 45		

REZ MAR 6 1945

R 6 1945

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 31.6) CERTIFICATE OF DEATH

02214

					Nog. Disc. 110	
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED:		
County				(For newborn infants give residence of mother)		
City or fown	RURAL	POC	comoke City	State Maryland Coun	wordester	
Now long in above place	e of death? 75 ye	ars	COLCAD and give nearest town)	City or town. RURAL. Pocomo	oke City	
	r street address where d		1	Street No. # RFD 2	write KOKAL and give hearest town)	
	******************************	***************************************	***************************************	Street Mc	LOCATION)	
How long in hospital o	or institution?		10	2.(a) If veteran, name war		
3. (a) FULL NAM	Ē				3. (b) Social Security Number	
		Cha	rles Merrill		None	
4. Sex	5. Color or racs		e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	Colored	-	Married			
				20. DATE OF DEATH LE	1/25A	
6.(b) Name of husband	or wife	rah N	errill	21. I CERTIFY that death occurred on the date above		
***************************************	(************************	8.(a	e) If alive, give age 75	19	18 min	
7 Dieth date of	yr.) April 2'			and that I last saw kalive on	18.4.5	
8. AGE: Ysar		Days	t fless than one day	Immediate cause of death	DURATION	
74	1 9	14		the cate of	64 2	
	- 1 - 1					
s. Sirihplace Pocomoke, RURAL - Torcester-Md. (Town, county, and state)				Due to.	The state of the s	
1D. Usuat occupation	Ma mman	- 1 - 1 - 1 - 1	74 FAL 2071			
	Truck Fa	20m CI	***************************************	Due to		
	Camana M		1			
E DIDLE D				Other conditions		
				(lnclude pregnancy within 3 m	onths of death)	
14. Malden name.	***************************************		••••••			
15. Birthpiace	Worceste	r Cou	inty, Md.	Major findings of operations		
16. Informant	Mrs. Sar	ah Me	rrill	A		
		***************	***************************************	PHYSICIAN: Please underline the cause to whi		
Address			7. Md. RFD # 2	22. VIOLENCE: If death was due to external caus	es. fill in the following:	
17	Burial or removal. Which?)	Date there	Feb. 14, 1945 (month) (day) (year)	Accident, suicide, or homicide		
(Durlar, Cremation	St. Jame	s Cen	neterv			
Cemetery or cremato				Where did injury occur?(City or town)		
Location	***************************************		7. Md. RFD # 2	Injured at home, farm, industry, public place (who		
18. Funeral director	H. Harve			Means of Injury	Injured at work?	
Address	Pocomoke	City	7, Md.		7	
7.1	1 1,-	. 1	7 ml-1	23. SIGNATURE	M. D. or other	
19. July	419 45	a	MILL CONTROLL Registrar	witeen ()	Date signed 7 12 1/1	
(5-11-10-0-17-10)	/		reckistigt	AUDITOSS	Uate signed di	

BANKARS SOLVENTRANCE STATE OF A TRACE

CERTIFICATE OF DEATH



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

. Date signed 2 / 5 / 45

90	2411 N. Charle	es St., Baltimore 108		
rect	CERTIFICAT	TE OF DEATH Reg. Diat. No.	357	
he corribly.	1. PLACE OF DEATH: Worcester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
y. The	City or town	state Mary land county Warces		
carefully arly and	How long In above place of death?	City or town (If outside city or town limits, write RURAL and give	nearest town)	
care	inspiral, institution, or street durings where useful despited.	Street No. 124 Martin St (If rural, give LOCATION)	••••••	
	How long in hospital or institution?	2.(a) It veteran, name war	***************************************	
information carefully of death clearly and	3. (a) FULL NAME William Samuel William	3. (b) Social Secur	ity Number	
	4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	1	
m o ause	Male Colored Widowed	20. DATE OF DEATH. February 5 19.4	5.6:15 AM	
every item of ite the causes	8.6) Name of husband or wife Elich Bell Williams	21. I CERTIFY that death occurred on the data above stated; that I attended		
te t	7. Birth date of Age and Age age years	and that I last saw h Area Salive on Justinos &	18.4.5	
oly wr	deceased (mo., day, yr.) Mo of der mercure 1864 8. AGE: Years Months Days tf less than one day	Immediate sause of death.	DURATION	
C. Supply ever please write t	81 ? ?hrsmin.	Johan J. Musmynia		
. 0	8. Birthplace Snaw Hill-Warrester-Maryland (Town, county, and state)	Due to.		
ADING INK Physicians:	18. Usual occupation Funeral Mirector	Bue to	*******	
DIN	11. Industry or business	6		
100	12. Name Sanuel Williams 13. Birthplace Snow Hill (Vicinity) Md	Dither conditions Segment dealers	many	
tau	# 14. Maiden name Weah Boyer	(Include pregnancy within 8 months of death)	- gears	
WITH ON important.	14. Malden name Leah Boyer 15. Birthplace Worcester County, Md	Major findings of operations		
>	16. Informant Roger Williams	Autopsy results	***************************************	
PLAINLY, s especially	Address 124 Martin St. Snow Hill. Ma	PHYSICIAN: Please underline the cause to which death should be char		
AIR	17 Burial Date thereof Feb 9 1945	22. VIOLENCE: If death was due to external causes, fill in the following;		
IS IS	(Burial, cremation, or removal, Which?) (month) (day) (year)			
PLEASE WRITE	Singil H'II Mid	Where did injury occur?		
WE	Location H. Hanneson Bradeland	Means of injury Injured at work?		
SE	Address Pocomoke Cety, Mad	DIAN 4 Man	MUD.	
LEA	2/9/ (LC PE D)	23. SIGNATURE DOLLAR MANAGEMENT	D, or other	
4	19	Address Sale Dill Date sign	. / ././	

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BR

02216

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Cas County City or town City or town City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of doath? Hospital, institution, or street address where death occurred: Now long in hospital or institution? 3. (a) FULL NAME The array C. Wilson	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex J. Scolor or race S.(a) Single, married, widowed, or divorced Local Colored S.(b) Name of husband or wife S.(c) If alive, give ago	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that doath occurred on the data above stated: that pronded doceased from 19. 44. 10. 19. 45. 1
8. AGE: Years Months Days If less than one day obvolv 72 hrs. min. 9. Birthptace	Due to. Due
18. Informant Address 17	Autopsy results PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Cha	arles St., Baltimore
CERTIFICA	TE OF DEATH Reg. Diat. No. 9.55
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
3. (a) FULL NAME	2.(a) If veteran, name was
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. Date of Death 19.45 at \$104
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Syril 20 1943	
8. AGE: Years Months Days tfless than one day	Dunel almost completely Sedd
B. Birthplace Bealing Witnesstate Day	Due to Thouse Incomed down Course
10. Usual occupation	Due to.
11. Industry or business 12. Name Alexander August 13. Birthplace Bellin rul	BUILD CONTRACTOR OF THE PROPERTY OF THE PROPER
14. Malden name Millie m. Mariner	(Include pregnancy within 3 months of death) Major findings of operations.
18. Informant Wings Wight	Antopsy results
Address (Serial Date thereof 2/8/45 (Burial cremation, or removal Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or crematory read 2 to fel R. L.D.	Where did injury occur?
18. Funeral director Franklin 3. Lil Address Salis burn med	Means of Artory Injured at work?
19. 2-8- (Date rec'd by registrar) 19. 45 Halau G. Haywar Registrar	M. D. or other Address Jackin LU Bate signed

MARGIN RESERVED FOR BINDING

MAKTERED STATE DEPARTMENT OF BEALTH.

CERTIFICATE OF DEATH.



PLEASE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 180

02218

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Works Leave	(For newborn infants give residence of mother)
City or town	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(o) I1 veteran, nams war
3. (a) FULL NAME	3. (b) Social Security Number
Identy W. Wyatt.	
4. Sex 5. Cylor or racs 6.(a) Singly, married, wildowed, or divorced	MEDICAL CERTIFICATION
male while 3-	20. DATE OF DEATH Jubicans 6 19 45 at 3:00 PM
D. (h) Name of bushoud or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(6) Name of husband or wife	
7. Birth date of	and that I lest saw halive on
deceased (mo., day, yr.) June 12, 1939-	Jamediate cause of death
8. AGE: Years (Months Days If less than one day	Durned almost completely Sudden
5 7 24hrsmin.	
9. Birthplace Bealing Wat Co Dad. (Town, county, and state)	Due to Attornal Inversed down Congo
1D. Usual occupation	Bro de
11. Industry or business	Due to
# 12 Name Heorge N. Wyatt.	Dither conditions.
E 12. Name Levry H. Wyste.	
# 14. Maiden name Millie M. mariner.	(Include pregnaucy within 8 months of death)
14. Maiden name Millie M. Mariner. 15. Birthplace Welaware.	Major findings of operations
El 15. Birthplace Welaurare.	Date of op
18. Informant M. Wigatt	Antopsy results.
Address Sulin my R. &D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12. Bural Date thereol 2/8/45	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Buridi, cremation, or removal. Which?) (Buridi, cremation, or removal. Which?)	Accident, suicide, or homicide. Accident. Bate of
Cemetery or crematory Miss) Adja	Where did Injury occur?
Location reaso Willard md R. 72.	Injured at house, farmy industry, public place (where?)
18. Funeral director Franklin B. Diel.	Means of Mjury Injured at work?
Address & lais brung med.	S. SIGNATURE & Shreall M. D.
ac did did	D. SIGNURE M. W. W. M. D. or other
19. 8 - 19 + 5 Select 4 - Statutana Registrar	Market Mark
registrat	Addresa. Date signed Date signed

200 2-1-5 CAN SHA